

**WASHINGTON STATE DEPARTMENT OF HEALTH  
FAMILY PLANNING AND REPRODUCTIVE HEALTH  
ON-SITE MONITOR TOOL FOR TITLE X AGENCIES**

CLINICAL SERVICES SECTION		Compliance?		Comments	Follow-up or Corrective Action Needed with Due Date
		Yes	No		
<b>TX 7.0</b>	<b>Client Services</b>				
<b>M</b>	Clinical services are provided under the responsibility of a physician with experience or special training in family planning.	<input type="checkbox"/>	<input type="checkbox"/>		
<b>M</b>	Agency offers a broad range of acceptable/effective medically approved methods onsite or by referral.	<input type="checkbox"/>	<input type="checkbox"/>		
<b>S</b>	Agency makes available all contraceptive methods approved by FDA either on-site or by referral	<input type="checkbox"/>	<input type="checkbox"/>		
<b>M</b>	Agency provides clinical, informational, educational, social and referral services relating to family planning.	<input type="checkbox"/>	<input type="checkbox"/>		
<b>TX 7.1</b>	<b>Service Plan and Protocols</b>				
<b>M</b>	Agency provides the full range of services as outlined in their service plan.	<input type="checkbox"/>	<input type="checkbox"/>		
<b>M</b>	Agency clinical protocols and plans are consistent with TX Guidelines.	<input type="checkbox"/>	<input type="checkbox"/>		
<b>M</b>	Agency clinical protocols and plans for client education are signed off by the site Medical Director .	<input type="checkbox"/>	<input type="checkbox"/>		
	Agency clinical protocols have been approved by FPRH	<input type="checkbox"/>	<input type="checkbox"/>		
<b>TX 7.2</b>	At the initial visit, clients are offered the following:				
<b>M</b>	<ul style="list-style-type: none"> <li>Education based on clients needs &amp; knowledge</li> </ul>	<input type="checkbox"/>	<input type="checkbox"/>		
<b>M</b>	<ul style="list-style-type: none"> <li>Counseling to allow client to make informed decisions</li> </ul>	<input type="checkbox"/>	<input type="checkbox"/>		
<b>M</b>	<ul style="list-style-type: none"> <li>Informed consent for physical examination &amp; treatment</li> </ul>	<input type="checkbox"/>	<input type="checkbox"/>		
<b>M</b>	<ul style="list-style-type: none"> <li>Informed consent for specific contraceptive method chosen by client</li> </ul>	<input type="checkbox"/>	<input type="checkbox"/>		
	<ul style="list-style-type: none"> <li>Personal &amp; family medical &amp; social history</li> </ul>	<input type="checkbox"/>	<input type="checkbox"/>		
<b>M</b>	<ul style="list-style-type: none"> <li>Examination &amp; necessary clinical procedures</li> </ul>	<input type="checkbox"/>	<input type="checkbox"/>		

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M	<ul style="list-style-type: none"> <li>Laboratory testing</li> </ul>	<input type="checkbox"/>	<input type="checkbox"/>		
M	<ul style="list-style-type: none"> <li>Provision of medications and/or supplies</li> </ul>	<input type="checkbox"/>	<input type="checkbox"/>		
M	<ul style="list-style-type: none"> <li>Referral as needed</li> </ul>	<input type="checkbox"/>	<input type="checkbox"/>		
M	<ul style="list-style-type: none"> <li>Mechanisms for follow-up</li> </ul>	<input type="checkbox"/>	<input type="checkbox"/>		
	At a return visit, clients are offered the following:				
M	<ul style="list-style-type: none"> <li>Updated History</li> </ul>	<input type="checkbox"/>	<input type="checkbox"/>		
M	<ul style="list-style-type: none"> <li>Physical examination focused</li> </ul>	<input type="checkbox"/>	<input type="checkbox"/>		
M	<ul style="list-style-type: none"> <li>Laboratory testing</li> </ul>	<input type="checkbox"/>	<input type="checkbox"/>		
M	<ul style="list-style-type: none"> <li>Follow-up and referrals</li> </ul>	<input type="checkbox"/>	<input type="checkbox"/>		
S	Client return visits ( <i>excluding routine supply visits</i> ) include an assessment of the client's health status, current complaints, evaluation of birth control method, and opportunity to change methods. <ul style="list-style-type: none"> <li>Services offered to clients and provided to clients are documented in client record</li> </ul>	<input type="checkbox"/>	<input type="checkbox"/>		
TX 7.3	<b>Emergencies</b>				
	Agency written protocols for medical emergencies are current and include the following situations:				
M	<ul style="list-style-type: none"> <li>Vaso-vagal reactions / Syncope</li> </ul>	<input type="checkbox"/>	<input type="checkbox"/>		
M	<ul style="list-style-type: none"> <li>Anaphylaxis</li> </ul>	<input type="checkbox"/>	<input type="checkbox"/>		
M	<ul style="list-style-type: none"> <li>Cardiac arrest/Respiratory difficulties</li> </ul>	<input type="checkbox"/>	<input type="checkbox"/>		
M	<ul style="list-style-type: none"> <li>Shock / Hemorrhage</li> </ul>	<input type="checkbox"/>	<input type="checkbox"/>		
M	<ul style="list-style-type: none"> <li>Emergencies requiring transport</li> </ul>	<input type="checkbox"/>	<input type="checkbox"/>		
M	<ul style="list-style-type: none"> <li>After hours management of contraceptive emergencies</li> </ul>	<input type="checkbox"/>	<input type="checkbox"/>		
M	<ul style="list-style-type: none"> <li>Clinic emergencies (<i>e.g. fire, vandalism</i>)</li> </ul>	<input type="checkbox"/>	<input type="checkbox"/>		
M	Staff are familiar with their role during an emergency	<input type="checkbox"/>	<input type="checkbox"/>		
S	Training for emergencies ( <i>including CPR</i> ) is available to staff.	<input type="checkbox"/>	<input type="checkbox"/>		

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<b>TX 7.4</b>	<b>Referrals and Follow-Up</b>				
<b>M</b>	Agency has written policies and procedures for follow-up on referrals made as a result of abnormal physical examination or laboratory test finding..	<input type="checkbox"/>	<input type="checkbox"/>		
	Agency has formal agreements with referral agencies which include:				
<b>M</b>	• Description of the services provided	<input type="checkbox"/>	<input type="checkbox"/>		
<b>M</b>	• Reimbursement conditions	<input type="checkbox"/>	<input type="checkbox"/>		
<b>M</b>	Agency policy on follow-up of referrals is sensitive to client's concern for confidentiality and privacy.	<input type="checkbox"/>	<input type="checkbox"/>		
	Agency refers to other providers those clients requiring services beyond its scope of care.				
<b>M</b>	Agency provides pertinent client information to the referral provider.	<input type="checkbox"/>	<input type="checkbox"/>		
<b>M</b>	Agency obtains client's consent to provide information to referral provider, except as required by law.	<input type="checkbox"/>	<input type="checkbox"/>		
	Agency obtains client's consent to provide information to referral providers in a manner which safeguards confidentiality.	<input type="checkbox"/>	<input type="checkbox"/>		
<b>M</b>	Agency advises clients on their responsibility to comply with referral	<input type="checkbox"/>	<input type="checkbox"/>		
	Agency counsels client on importance of referral.	<input type="checkbox"/>	<input type="checkbox"/>		
	Agency counsels clients on importance of method agreed upon for follow-up.	<input type="checkbox"/>	<input type="checkbox"/>		
<b>M</b>	Protocols have been developed for ensuring referrals are not lost to follow-up.	<input type="checkbox"/>	<input type="checkbox"/>		
<b>S</b>	If services are not provided on-site, documentation of appropriate referral for those at risk is noted in client's chart	<input type="checkbox"/>	<input type="checkbox"/>		
<b>M</b>	Agency maintains referral list which includes health care providers, local HHS departments, hospitals, voluntary agencies, and health services projects, supported by Federal programs.	<input type="checkbox"/>	<input type="checkbox"/>		

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<b>TX 8.1</b> <b>M</b>	<b>Client Education</b> Agency has a written plan for client education. The plan includes goals and content outlines which ensure consistency and accuracy of information provided by staff.	<input type="checkbox"/>	<input type="checkbox"/>		
	Client education is:				
<b>S</b>	<ul style="list-style-type: none"> <li>Presented in an unbiased manner</li> </ul>	<input type="checkbox"/>	<input type="checkbox"/>		
<b>S</b>	<ul style="list-style-type: none"> <li>Appropriate for client's age, knowledge, language, and socio-cultural background</li> </ul>	<input type="checkbox"/>	<input type="checkbox"/>		
<b>S</b>	<ul style="list-style-type: none"> <li>Documented in client record</li> </ul>	<input type="checkbox"/>	<input type="checkbox"/>		
<b>M</b>	A mechanism to determine if the information provided the client was understood. Education provides information needed to:	<input type="checkbox"/>	<input type="checkbox"/>		
	<ul style="list-style-type: none"> <li>Make informed decisions about family planning.</li> </ul>	<input type="checkbox"/>	<input type="checkbox"/>		
<b>M</b>	<ul style="list-style-type: none"> <li>Use specific methods of contraception and identify adverse effects</li> </ul>	<input type="checkbox"/>	<input type="checkbox"/>		
<b>M</b>	<ul style="list-style-type: none"> <li>Understand the benefits and risks, effectiveness, potential side effects, complications, discontinuation issues, and danger signs of contraception method chosen.</li> </ul>	<input type="checkbox"/>	<input type="checkbox"/>		
<b>M</b>	<ul style="list-style-type: none"> <li>Perform a SBE/STE.</li> </ul>	<input type="checkbox"/>	<input type="checkbox"/>		
<b>M</b>	<ul style="list-style-type: none"> <li>Reduce client's risk of acquiring or transmitting STD or HIV.</li> </ul>	<input type="checkbox"/>	<input type="checkbox"/>		
<b>M</b>	<ul style="list-style-type: none"> <li>Understand the range of available services.</li> </ul>	<input type="checkbox"/>	<input type="checkbox"/>		
<b>M</b>	<ul style="list-style-type: none"> <li>Understand the purpose and sequence of clinic procedures.</li> </ul>	<input type="checkbox"/>	<input type="checkbox"/>		
<b>M</b>	<ul style="list-style-type: none"> <li>Understand importance of recommended screening tests and other procedures.</li> </ul>	<input type="checkbox"/>	<input type="checkbox"/>		
<b>S</b>	<ul style="list-style-type: none"> <li>Understand basic female and male reproductive anatomy and physiology.</li> </ul>	<input type="checkbox"/>	<input type="checkbox"/>		
<b>S</b>	<ul style="list-style-type: none"> <li>Understand the value of fertility regulation in maintaining individual and family health.</li> </ul>	<input type="checkbox"/>	<input type="checkbox"/>		

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S	<ul style="list-style-type: none"> <li>Understand issues related to nutrition, exercise smoking, cessation, alcohol/ drug abuse, domestic violence, and sexual abuse.</li> </ul>	<input type="checkbox"/>	<input type="checkbox"/>		
	Agency uses written, contraceptive method specific consent form which:				
S	<ul style="list-style-type: none"> <li>Are updated when there is a major change in client's health or change in prescriptive method.</li> </ul>	<input type="checkbox"/>	<input type="checkbox"/>		
M	<ul style="list-style-type: none"> <li>Are signed by the client before receiving a prescription change.</li> </ul>	<input type="checkbox"/>	<input type="checkbox"/>		
M	<ul style="list-style-type: none"> <li>Are part of the client's record.</li> </ul>	<input type="checkbox"/>	<input type="checkbox"/>		
M	<ul style="list-style-type: none"> <li>Are written in a language understood by the client or are translated and witnessed by an interpreter.</li> </ul>	<input type="checkbox"/>	<input type="checkbox"/>		
M	<ul style="list-style-type: none"> <li>Contain a statement that the client has been counseled, provided with appropriate informational material, and understands content of both.</li> </ul>	<input type="checkbox"/>	<input type="checkbox"/>		
TX 8.2	<b>Counseling</b> <ul style="list-style-type: none"> <li>Documentation of counseling is included in client's record</li> </ul>	<input type="checkbox"/>	<input type="checkbox"/>		
	<ul style="list-style-type: none"> <li>Counselors are sufficiently knowledgeable to provide accurate information regarding the benefits and risk, safety, effectiveness, potential side effects, complications, discontinuation issues and danger signs of the various contraceptive methods</li> </ul>	<input type="checkbox"/>	<input type="checkbox"/>		
S	<ul style="list-style-type: none"> <li>Counselor's are objective, non-judgmental, sensitive to rights and differences of clients, culturally aware, able to create a comfortable environment for client, and knowledgeable about other services offered by the agency.</li> </ul>	<input type="checkbox"/>	<input type="checkbox"/>		
M	Counseling with client involves individualized dialogue which covers: <ul style="list-style-type: none"> <li>Results of physical exam and lab tests.</li> </ul>	<input type="checkbox"/>	<input type="checkbox"/>		

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<b>M</b>	<ul style="list-style-type: none"> <li>• Effective use of contraceptive methods.</li> </ul>	<input type="checkbox"/>	<input type="checkbox"/>		
<b>M</b>	<ul style="list-style-type: none"> <li>• Benefits and efficacy of methods.</li> </ul>	<input type="checkbox"/>	<input type="checkbox"/>		
<b>M</b>	<ul style="list-style-type: none"> <li>• Potential side effects/complications</li> </ul>	<input type="checkbox"/>	<input type="checkbox"/>		
<b>M</b>	<ul style="list-style-type: none"> <li>• How to discontinue method selected.</li> </ul>	<input type="checkbox"/>	<input type="checkbox"/>		
<b>M</b>	<ul style="list-style-type: none"> <li>• Contraceptive back-up methods, including emergency contraception.</li> </ul>	<input type="checkbox"/>	<input type="checkbox"/>		
<b>M</b>	<ul style="list-style-type: none"> <li>• Planned return schedule.</li> </ul>	<input type="checkbox"/>	<input type="checkbox"/>		
<b>M</b>	<ul style="list-style-type: none"> <li>• Emergency 24 hour telephone number.</li> </ul>	<input type="checkbox"/>	<input type="checkbox"/>		
<b>M</b>	<ul style="list-style-type: none"> <li>• Location of emergency services.</li> </ul>	<input type="checkbox"/>	<input type="checkbox"/>		
<b>M</b>	<ul style="list-style-type: none"> <li>• Appropriate referral for additional services, if needed.</li> </ul>	<input type="checkbox"/>	<input type="checkbox"/>		
<b>M</b>	All clients receive STD/HIV counseling which includes:	<input type="checkbox"/>	<input type="checkbox"/>		
<b>M</b>	<ul style="list-style-type: none"> <li>• Individualized dialogue regarding their personal risks.</li> </ul>	<input type="checkbox"/>	<input type="checkbox"/>		
<b>M</b>	Clients with behaviors that put them at risk for STD/HIV receive risk reduction advice and advice on whether a clinical evaluation is indicated. Agency offers the following:	<input type="checkbox"/>	<input type="checkbox"/>		
<b>M</b>	<ul style="list-style-type: none"> <li>• Education about HIV/AIDS.</li> </ul>	<input type="checkbox"/>	<input type="checkbox"/>		
<b>M</b>	<ul style="list-style-type: none"> <li>• Information on risks and infection prevention.</li> </ul>	<input type="checkbox"/>	<input type="checkbox"/>		
<b>M</b>	<ul style="list-style-type: none"> <li>• Referral services for risk assessment, counseling, and testing.</li> </ul>	<input type="checkbox"/>	<input type="checkbox"/>		
<b>M</b>	<ul style="list-style-type: none"> <li>• HIV testing provided on site done by trained counselors.</li> </ul>	<input type="checkbox"/>	<input type="checkbox"/>		
<b>M</b>	When HIV risk assessment counseling and testing are not done onsite, agency provides at-risk clients with a list of providers who do provide these services.	<input type="checkbox"/>	<input type="checkbox"/>		
<b>TX 8.3</b>	<b>History, Physical Assessment, and Lab Testing</b>				
<b>M</b>	<b>INITIAL visit.</b> A comprehensive MEDICAL history is completed at the <u>initial visit</u> on both female and male clients and updated at subsequent clinical visits.				

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M	Comprehensive medical history must include: <ul style="list-style-type: none"> <li>Past medical history (i.e., significant illnesses, hospitalization, surgery, blood transfusions or exposure to blood products, and chronic or acute medical conditions)</li> </ul>				
M	<ul style="list-style-type: none"> <li>Allergies</li> </ul>				
M	<ul style="list-style-type: none"> <li>Current medications (including OTC medications)</li> </ul>				
M	<ul style="list-style-type: none"> <li>Social history (i.e., tobacco, alcohol, and recreational drug use)</li> </ul>				
M	<ul style="list-style-type: none"> <li>Immunization and Rubella status</li> </ul>				
M	<ul style="list-style-type: none"> <li>Review of systems</li> </ul>				
M	<ul style="list-style-type: none"> <li>Pertinent hisoty of immediate family members</li> </ul>				
M	<ul style="list-style-type: none"> <li>Partner history (i.e., injectable drug use, multiple partners, risk history for STDs and HIV, bisexuality).</li> </ul>				
	<b>Female reproductive history</b> must include the following:				
M	<ul style="list-style-type: none"> <li>Contraceptive use past and current (including adverse effects)</li> </ul>				
M	<ul style="list-style-type: none"> <li>Menstrual history</li> </ul>				
M	<ul style="list-style-type: none"> <li>Sexual history</li> </ul>				
M	<ul style="list-style-type: none"> <li>Obstetrical history</li> </ul>				
M	<ul style="list-style-type: none"> <li>STD, including HBV --</li> <li>In utero exposure to diethylstilbestrol (DES)</li> </ul>				
	<b>INITIAL female</b> physical assessment should include:				
S	<ul style="list-style-type: none"> <li>Height/weight</li> </ul>				
S	<ul style="list-style-type: none"> <li>Thyroid, heart, lung, extremeties, breasts, abdomen, pelvis, (<i>includes vulvat/bimanual, PAP</i>) and rectal exam (<i>i.e., hemocult for over 40</i>)</li> </ul>				
S	<ul style="list-style-type: none"> <li>STD and HIV Screening, as indicated</li> </ul>				

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S	If services are not provided on-site, documentation of appropriate referral for those at-risk should be noted in client's chart				
M	Clinic must stress the importance and provide for health maintenance screening procedures to all clients. These include:				
M	• Blood pressure				
M	• Breast exam				
M	• Pelvic exam/PAP				
M	• Colo-rectal CA screening >40				
M	• STD and HIV screening				
M	Where not provided, client deferral or decline of a health maintenance service is properly document				
M	• Counseling includes information on possible health risks associated with declining or delaying preventive screening tests or procedures.				
M	Requirements for physical examination and laboratory tests stipulated in the prescribing information for a specific contraceptive method are followed.				
M	Physical exam and preventative services are completed within 3 months of initial visit				
M	• When services are deferred, reason for deferral is documented				
M	• In no case is the physical exam delayed beyond 6 months unless the clinician has documented a compelling reasons.				
M	• Protocols have been developed for ensuring deferrals are not lost to follow-up.				
M	<b>Male reproductive history</b> ( See Chart Review Worksheet				
M	Clinic must stress the importance and provide for health maintenance screening procedures to all clients. These include:				
M	• Blood pressure	<input type="checkbox"/>	<input type="checkbox"/>		

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M	• Breast exam	<input type="checkbox"/>	<input type="checkbox"/>		
M	• Pelvic exam / PAP	<input type="checkbox"/>	<input type="checkbox"/>		
M	• Colo-rectal CA screening >40	<input type="checkbox"/>	<input type="checkbox"/>		
M	• STD and HIV screening	<input type="checkbox"/>	<input type="checkbox"/>		
M	Where not provided, client deferral or decline of a health maintenance service is properly documented.	<input type="checkbox"/>	<input type="checkbox"/>		
M	Counseling includes information on possible health risks associated with declining or delaying preventive screening tests or procedures.	<input type="checkbox"/>	<input type="checkbox"/>		
M	Requirements for physical examination and laboratory tests stipulated in the prescribing information for a specific contraceptive method are followed.	<input type="checkbox"/>	<input type="checkbox"/>		
M	Physical exam and preventative services are completed within 3-6 months of initial visit.	<input type="checkbox"/>	<input type="checkbox"/>		
M	When services are deferred, reason for deferral is documented.	<input type="checkbox"/>	<input type="checkbox"/>		
M	In no case is the physical exam delayed beyond 6 months unless the clinician has documented a compelling reason.	<input type="checkbox"/>	<input type="checkbox"/>		
M	First time users of OCPs, IUDs, and cervical caps, should be scheduled for early revisit.	<input type="checkbox"/>	<input type="checkbox"/>		
S	<b>Initial male physical assessment:</b>				
S	• Height/weight	<input type="checkbox"/>	<input type="checkbox"/>		
S	• Thyroid, heart, lung, extremities, breasts, abdomen, genital ( <i>teach TSE</i> ), and rectal exam ( <i>if indicated</i> )	<input type="checkbox"/>	<input type="checkbox"/>		
S	• STD and HIV Screening	<input type="checkbox"/>	<input type="checkbox"/>		
S	Clinic encourages and provides for health maintenance screening procedures. These include:	<input type="checkbox"/>	<input type="checkbox"/>		
S	• Blood pressure	<input type="checkbox"/>	<input type="checkbox"/>		
S	• Colo-rectal CA screening >40	<input type="checkbox"/>	<input type="checkbox"/>		

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M S   M M  M M M	<b>Laboratory section</b> The agency provides the following lab procedures onsite: <ul style="list-style-type: none"> <li>• Pregnancy testing</li> <li>• HSPT</li> </ul> The agency provides the following tests when required by the specific contraceptive method in protocols <ul style="list-style-type: none"> <li>• Clients are notified of abnormal lab test results</li> <li>• Notification procedure maintains client confidentiality</li> </ul> <b>REVISITS</b> Revisit schedules must be based on client need for: <ul style="list-style-type: none"> <li>• Education</li> <li>• Counseling</li> <li>• Clinical care beyond that provided at previous visit.</li> </ul>	<input type="checkbox"/>                      	<input type="checkbox"/>                      		
	<b>TX 8.4 Fertility Regulation</b> The agency provides reversible methods of contraception including natural family planning and emergency contraception. Consistent use of condoms for risk reduction (HIV/STD) is encouraged Permanent contraception counseling complies with TX regulations	<input type="checkbox"/>   	<input type="checkbox"/>   		
	<b>TX 8.5 Infertility Services</b> Agency provides level I services, including: <ul style="list-style-type: none"> <li>• Initial infertility interview</li> <li>• Education</li> <li>• Physical examination</li> <li>• Counseling</li> <li>• Referral</li> </ul>	<input type="checkbox"/>     	<input type="checkbox"/>     		

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<b>TX 8.6</b>	<b>Pregnancy Diagnosis and Counseling</b>				
<b>M</b>	Agency provides pregnancy diagnosis and counseling to all clients in need of these services.	<input type="checkbox"/>	<input type="checkbox"/>		
	Pregnancy diagnosis includes:	<input type="checkbox"/>	<input type="checkbox"/>		
<b>M</b>	• History	<input type="checkbox"/>	<input type="checkbox"/>		
<b>M</b>	• Pregnancy test	<input type="checkbox"/>	<input type="checkbox"/>		
<b>S</b>	• Physical assessment including pelvic exam.	<input type="checkbox"/>	<input type="checkbox"/>		
<b>M</b>	When exam is not performed onsite, client is counseled on the importance of receiving an exam (preferably within within 15 days).	<input type="checkbox"/>	<input type="checkbox"/>		
<b>M</b>	If ectopic pregnancy is suspected, the client is referred for immediate diagnosis and therapy	<input type="checkbox"/>	<input type="checkbox"/>		
<b>M</b>	Pregnant clients are offered the opportunity for options counseling which includes:	<input type="checkbox"/>	<input type="checkbox"/>		
<b>M</b>	• Prenatal care and delivery	<input type="checkbox"/>	<input type="checkbox"/>		
<b>M</b>	• Infant care, foster care, or adoption	<input type="checkbox"/>	<input type="checkbox"/>		
<b>M</b>	• Pregnancy termination	<input type="checkbox"/>	<input type="checkbox"/>		
<b>M</b>	• Options counseling is neutral, factual and nondirective.	<input type="checkbox"/>	<input type="checkbox"/>		
<b>M</b>	Referrals available upon request, except with respect to any option(s) about which the woman indicates she does not wish to receive such information and counseling	<input type="checkbox"/>	<input type="checkbox"/>		
	Clients electing to continue their pregnancy are:				
<b>S</b>	• Referred for early prenatal care	<input type="checkbox"/>	<input type="checkbox"/>		
<b>S</b>	• Provided information on good health practices during early pregnancy ( <i>e.g., good nutrition, avoidance of smoking, drugs, alcohol, x-rays</i> ).	<input type="checkbox"/>	<input type="checkbox"/>		
<b>S</b>	Clients with a negative pregnancy test are given information about the availability of contraceptive and infertility services, as appropriate.	<input type="checkbox"/>	<input type="checkbox"/>		

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CLINICAL SERVICES SECTION		Compliance?		Comments	Follow-up or Corrective Action Needed with Due Date
		Yes	No		
<b>TX 8.7</b>	<b>Adolescent Services</b>				
<b>M</b>	Agency provides family planning services to adolescents	<input type="checkbox"/>	<input type="checkbox"/>		
<b>S</b>	Agency ensures appointments for services or counseling to adolescents are done as soon as possible.	<input type="checkbox"/>	<input type="checkbox"/>		
	Adolescents are informed of the following contraceptive methods:				
<b>M</b>	• Abstinence	<input type="checkbox"/>	<input type="checkbox"/>		
<b>M</b>	• Contraceptives	<input type="checkbox"/>	<input type="checkbox"/>		
<b>M</b>	• Safer sex practices	<input type="checkbox"/>	<input type="checkbox"/>		
<b>S</b>	Counseling provided to adolescents prepares them to use a variety of methods effectively.	<input type="checkbox"/>	<input type="checkbox"/>		
<b>M</b>	Counseling sessions and needed follow-up are confidential.	<input type="checkbox"/>	<input type="checkbox"/>		
<b>M</b>	Services are provided to minors without written consent of parents or guardians.	<input type="checkbox"/>	<input type="checkbox"/>		
<b>M</b>	There is no evidence that parents or guardians are notified before or after a minor has requested and received Title X services.	<input type="checkbox"/>	<input type="checkbox"/>		
<b>S</b>	Where appropriate, counselors encourage family participation in decision of minors to seek family planning services.	<input type="checkbox"/>	<input type="checkbox"/>		
<b>TX 8.8</b>	<b>Identification of Estrogen-Exposed Offspring</b>				
<b>M</b>	Clients born between 1940-1970 are asked about DES exposure (See Section B in chart review).	<input type="checkbox"/>	<input type="checkbox"/>		
<b>S</b>	Clients exposed receive information/education and special screening either on-site or by referral.	<input type="checkbox"/>	<input type="checkbox"/>		

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		<b>Yes</b>	<b>No</b>		
<b>TX 9.1</b>	<b>Gynecologic Services</b>				
<b>S</b>	Agency provides for the diagnosis and treatment of minor gynecologic problems (Vaginitis, UTI, etc.).	<input type="checkbox"/>	<input type="checkbox"/>		
<b>S</b>	More complex procedures i.e. colposcopy are offered provided that clinicians performing these services have proper training.	<input type="checkbox"/>	<input type="checkbox"/>		
<b>TX 9.2</b>	<b>Sexually Transmitted Diseases and HIV/AIDS</b>				
<b>S</b>	Agency provides for detection and treatment of the more common STDs (e.g., GC, syphilis, chlamydia, HIV).	<input type="checkbox"/>	<input type="checkbox"/>		
<b>M</b>	Agency complies with State and local STD reporting requirements.	<input type="checkbox"/>	<input type="checkbox"/>		
<b>M</b>	Gonorrhea and chlamydia tests are available for clients requesting IUD insertions.	<input type="checkbox"/>	<input type="checkbox"/>		
<b>TX 9.3</b>	<b>Special Counseling</b>				
	Agency offers appropriate counseling and referral for the following:				
<b>S</b>	• Future planned pregnancies/ preconceptional counseling	<input type="checkbox"/>	<input type="checkbox"/>		
<b>S</b>	• Management of a current pregnancy	<input type="checkbox"/>	<input type="checkbox"/>		
<b>S</b>	• Client concerns (e.g., substance use and abuse, sexual abuse, domestic violence, genetic issues, nutrition, sexual concerns, etc.)	<input type="checkbox"/>	<input type="checkbox"/>		
<b>TX 9.4</b>	<b>Genetic Information and Referral</b>				
<b>S</b>	Basic information regarding genetic condition is offered to clients who request or are in need of these services.	<input type="checkbox"/>	<input type="checkbox"/>		
<b>S</b>	Referral systems are in place for further genetic counseling and evaluation.	<input type="checkbox"/>	<input type="checkbox"/>		

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		Yes	No		
<b>TX 9.5</b>	<b>Health Promotion/Disease Prevention</b>				
<b>S</b>	Agency provides or coordinates access to health promotion and disease prevention services.	<input type="checkbox"/>	<input type="checkbox"/>		
<b>S</b>	Agency considers the health problems in their community and has developed health promotion strategies to address these problems.	<input type="checkbox"/>	<input type="checkbox"/>		
<b>TX 9.6</b>	<b>Postpartum Care</b>				
<b>S</b>	If postpartum care is provided, it is directed toward assessment of the woman's physical health, initiation of contraception, and counseling and education related to parenting, breast feeding, infant care, and family adjustment.	<input type="checkbox"/>	<input type="checkbox"/>		
<b>TX 10.1</b>	<b>Equipment and Supplies</b>				
<b>M</b>	Equipment and supplies are appropriate to the type of care offered by the agency.	<input type="checkbox"/>	<input type="checkbox"/>		
<b>M</b>	Clinic follows applicable Federal and state regulations regarding infection control.	<input type="checkbox"/>	<input type="checkbox"/>		
<b>TX 10.2</b>	<b>Pharmaceuticals</b>				
<b>M</b>	Inventory, supply, and dispensing of pharmaceuticals are conducted in accordance with state pharmacy laws and professional practice regulations.	<input type="checkbox"/>	<input type="checkbox"/>		
<b>S</b>	Agency ensures access to other drugs or devices that are necessary for the provision of non-reproductive services within the scope of TX.	<input type="checkbox"/>	<input type="checkbox"/>		
<b>TX 10.3</b>	<b>Medical Records</b>				
<b>M</b>	A medical record is established for each client who obtains clinical services.	<input type="checkbox"/>	<input type="checkbox"/>		
<b>M</b>	Medical records are retained in accordance with accepted medical standards and State laws.	<input type="checkbox"/>	<input type="checkbox"/>		
<b>M</b>	Records are: <ul style="list-style-type: none"> <li>Complete, legible, and accurate. (Telephone encounters of a clinical nature are documented).</li> </ul>	<input type="checkbox"/>	<input type="checkbox"/>		

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		Yes	No		
M	• Signed by the clinician ( <i>name, title, date</i> ).	<input type="checkbox"/>	<input type="checkbox"/>		
M	• Readily accessible.	<input type="checkbox"/>	<input type="checkbox"/>		
M	• Systematically organized to facilitate prompt retrieval of information.	<input type="checkbox"/>	<input type="checkbox"/>		
M	• Confidential, safeguarded against loss or use by unauthorized persons.	<input type="checkbox"/>	<input type="checkbox"/>		
M	• Secured by lock when not in use.	<input type="checkbox"/>	<input type="checkbox"/>		
M	• Available upon request to the client.	<input type="checkbox"/>	<input type="checkbox"/>		
M	Record contains sufficient information to identify the client, indicate contact information, justify clinical diagnosis, and warrant the treatment and end results. The required content includes:				
M	• Personal data	<input type="checkbox"/>	<input type="checkbox"/>		
M	• Medical history, physical exam, clinical findings, diagnostic/laboratory orders, results, and treatment	<input type="checkbox"/>	<input type="checkbox"/>		
M	• Scheduled revisits	<input type="checkbox"/>	<input type="checkbox"/>		
M	• Documentation of continuing care, referral, and follow up	<input type="checkbox"/>	<input type="checkbox"/>		
M	• Informed consents	<input type="checkbox"/>	<input type="checkbox"/>		
M	• Refusal of services	<input type="checkbox"/>	<input type="checkbox"/>		
M	• Allergies and drug reactions	<input type="checkbox"/>	<input type="checkbox"/>		
M	• Medical record allows for entries by counseling and social service staff	<input type="checkbox"/>	<input type="checkbox"/>		
S	• Problem list in front of chart.	<input type="checkbox"/>	<input type="checkbox"/>		
S	Client financial information is kept separate from chart.	<input type="checkbox"/>	<input type="checkbox"/>		
M	A confidentiality assurance statement appears in the client's record.	<input type="checkbox"/>	<input type="checkbox"/>		
S	HIV information is handled according to state law and kept separate whenever possible.	<input type="checkbox"/>	<input type="checkbox"/>		

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		Yes	No		
<b>M</b>	A written consent of the client is required for release of personally identifiable information, except as may be necessary to provide services to the client or as required by law.	<input type="checkbox"/>	<input type="checkbox"/>		
<b>M</b>	A written consent is obtained for release of personally identifiable information except as required by law.	<input type="checkbox"/>	<input type="checkbox"/>		
<b>TX 10.4</b>	<b>Quality Assurance</b>				
<b>M</b>	QA program provides ongoing evaluation of agency's personnel/services.	<input type="checkbox"/>	<input type="checkbox"/>		
<b>S</b>	A program includes: • Set of clinical, administrative, and programmatic standards by which conformity is maintained within the program.	<input type="checkbox"/>	<input type="checkbox"/>		
<b>S</b>	• Tracking system to identify clients in need of follow-up and / or continuing care.	<input type="checkbox"/>	<input type="checkbox"/>		
<b>S</b>	• Periodic medical audits to determine conformity with agency protocols.	<input type="checkbox"/>	<input type="checkbox"/>		
<b>S</b>	• Peer review procedures to evaluate individual clinician performance.	<input type="checkbox"/>	<input type="checkbox"/>		
<b>S</b>	• Periodic review and update of medical protocols.	<input type="checkbox"/>	<input type="checkbox"/>		
<b>S</b>	• Process to elicit consumer feedback.	<input type="checkbox"/>	<input type="checkbox"/>		
<b>S</b>	• Ongoing documentation of QA activities.	<input type="checkbox"/>	<input type="checkbox"/>		